

TOWN OF ARLINGTON



Recreation Department

PROGRAM EVALUATION

PROGRAM NAME _____ TODAY'S DATE _____

Please read the following questions and fill in the blank with the corresponding number:

(5) Totally Satisfied (4) Above Average (3) Average (2) Below Average (1) Totally Dissatisfied

1. _____ How satisfied were you with the program and program content?
2. _____ How satisfied were you with the instructor's knowledge and ability?
3. _____ How satisfied were you with the physical conditions of the facility?
4. _____ How well did the program meet your own needs or expectations?

5. How did you find out about the program?

_____ Friend _____ Brochure _____ Newspaper _____ Mailing _____ Website
_____ Other (please specify) _____

6. General comments and suggestions: _____

May we use your comments in our publications or advertising material?

_____ Yes _____ No

Name _____ Signature _____

8. What programs would you like to see offered in the future?

Please use other side of form

9. Do you have internet access? _____

10. Would you be interested in receiving an e-mail about future programs? _____

11. E-Mail address _____

Thank you for your feedback!